


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90397 048 \*\*\*\*61.25

<b>DOCUMENT # N32753</b> 1. Entity Name <b>NURSING EXECUTIVES OF POLK COUNTY, INC.</b>					
Principal Place of Business <b>1324 LAKELAND HILLS BLVD. LAKELAND, FL 33804 US</b>			Mailing Address <b>PO BOX 95448 LAKELAND, FL 33804 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HANDLIN, KATHERINE 1324 LAKELAND HILLS BLVD. LAKELAND, FL 33807</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Katherine Handlin</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/19/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T HANDLIN, KATHERINE 1327 LAKELAND HILLS BLVD LAKELAND, FL 33807</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>See Attached paper</i> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP VILOMAR, NANCY 40100 HIGHWAY 27 DAVENPORT, FL 33837</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>// //</i> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HART, SUSIE 101 AVE O SE WINTER HAVEN, FL 33880</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LAZARRE, MAGGIE 607 S. MISSOURI AVE, PO BOX 93378 LAKELAND, FL 33807</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>// //</i> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TESTERMAN, ROBON 200 AVENUE F, NE WINTER HAVEN, FL 33881</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition       </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WALLIS, JACKIE 1327 LAKELAND HILLS BLVD. LAKELAND, FL 33807</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <i>// //</i> </div>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <u><i>Jacqueline CWallis</i></u> <u><i>Jacqueline CWallis</i></u> <u>4/21/08</u> <u>863-687-1127</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

ATTACHMENT

40087127

#N32753

2008 Not -For-Profit Corporation Annual Report for Nursing executives of Polk County

Block 10

T-Katherine Handlin  
1327 Lakeland Hills Blvd  
Lakeland, Florida 33807

Block 11

T-Katherine Handlin  
1324 Lakeland Hills Blvd  
Lakeland, Florida 33804

VP-Nancy Vilomar (change)

VP Walter Lupke  
200 Avenue F, NE  
Winter Haven, Fl 33881

S- Susie Hart  
101 Ave O SE  
Winter Haven, Fl 33880

Same

P- Maggie Lazure  
607 S. Missouri Ave, PO Box 93378  
Lakeland, Fl 33807

P- Jackie Wallis  
1324 Lakeland Hills Blvd  
Lakeland, Fl 33804

D- Robin Testerman  
200 Avenue F, NE  
Winter Haven, Fl 33881

Same

D Jackie Wallis  
1324 Lakeland Hills Blvd  
Lakeland, Florida 33804

D- Mary Beth Perry  
1324 Lakeland Hills Blvd  
Lakeland, Fl 33804